STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010667	A. BUILDING _____ B. WING _____	C 01/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF SOUTH BEND	17441 SR 23 SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint #IN00121682. Complaint #IN00121682 - Substantiated, No deficiencies related to the allegations are cited. Survey dates: January 7-9, 2013 Facility number: 010667 Provider number: 010667 AIM number: N/A Survey team: Honey Kuhn, RN Census bed type: Residential: 44 Total: 44 Census payor type: Other: 44 Total: 44 Sample: 27 Sterling House of South Bend was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint #IN00121682. Quality Review completed on 1/11/13, by Brenda Meredith, R.N.	R 000		